Application Checklist for Hearing Aid Dispenser Trainee

- **Hearing Aid Dispenser Trainee Application (pages 1-7)**

  This seven page application also contains:
  - **Application for your Supervisor** - This is an application that is completed by the licensed dispenser who has agreed to supervise your training (pages 4-6)
  - **Application to take the Written Exam** (page 7)

- **Fingerprints**
  - If a California resident, must do Live Scan; send copy of form. Fees paid directly to Live Scan Operator.
  - If out-of-state, send four cards and a check or money order to Board for $49 to cover DOJ and FBI.

- **Fees**
  - One Check or Money Order to the Board for $400.00.

All of the above items must be submitted in <u>one</u> mailing.
Incomplete applications will be returned.

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
2005 Evergreen Street, Suite 2100, Sacramento, CA 95815
Telephone: (916) 263-2666 Fax: (916) 263-0505
Web Site: www.speechandhearing.ca.gov

HEARING AID DISPENSER INITIAL LICENSE APPLICATION

Trainee Temporary License $175 + Written Exam $225 = $400.00

☐ **TRAINEE WITH SUPERVISION**

Please read the instructions carefully prior to completing this form. Please make sure that all questions on this application are answered and all supporting documentation and appropriate fees are submitted. These fees are non-refundable. Please submit a check or money order in the amount of $400.00 to the above address.

This pathway to licensure requires you to find a hearing aid dispenser who has been licensed at least three years in California to become your supervisor. The trainee temporary license is issued for six months and can be renewed two times. As a trainee, you must take the written exam within the first 10 months of issuance. You may not work until you receive your temporary license.

A. Personal Data *(Type or Print)*

Name:	Last	First	Middle	Home Telephone ( )
Home Address:	Number and Street	City	State	Zip Code
Email address:				
Birthdate: Month/Day/Year			Social Security Number	

B. Declaration of Education

Name of High School Attended	Year Graduated	or	Year Passed GED
Name of College Attended	Year Graduated or Units Achieved		Degree Awarded

C. Professional Data

	Yes	No
• Are you an audiologist licensed to practice in California? *If yes, please provide license number:*	☐	☐
• Are you a physician licensed to practice in California? *If yes, please provide license number:*	☐	☐

	Yes	No
• Have you ever been licensed to dispense hearing aids in another state or country? ***(Verification of <u>each</u> state must be provided)***.	☐	☐

If yes, State/Country: *License Number:* *Date Issued:*

Circle the current status of license: Active Inactive Suspended Revoked Other

• Have you ever held or applied for a temporary or permanent license in California? *If yes, when and under what name?*	☐	☐

D. Legal Record

1. HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION REGARDING ANY HEARING AID DISPENSING, AUDIOLOGY, OR OTHER HEALING ARTS LICENSE WHICH YOU NOW HOLD OR HAVE PREVIOUSLY HELD? **YES** ☐ **NO** ☐ **(IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)**
2. HAVE YOU EVER BEEN DENIED A LICENSE TO PRACTICE HEARING AID DISPENSING, AUDIOLOGY, OR ANY OTHER HEALING ARTS IN ANY STATE, THE FEDERAL GOVERNMENT, OR OTHER TERRITORY OF THE UNITED STATES? **YES** ☐ **NO** ☐ **(IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)**
3. HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE TO PRACTICE IN THE HEALING ARTS IN ANOTHER STATE, THE FEDERAL GOVERNMENT OR OTHER TERRITORY OF THE UNITED STATES? **YES** ☐ **NO** ☐ **(IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)**
4. HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY OFFENSE, MISDEMEANOR OR FELONY IN ANY STATE, THE UNITED STATES OR A FOREIGN COUNTRY? (EXCEPT VIOLATIONS OF TRAFFIC LAWS RESULTING IN FINES OF $300 OR LESS) **YES** ☐ **NO** ☐ **(IF YES, COMPLETE THE CONVICTION/LICENSE DISCIPLINARY ACTION FORM)** **YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND/OR DISMISSED UNDER PENAL CODE SECTION 1203.4 OR UNDER ANY OTHER PROVISION OF THE LAW.**

Anyone issued a trainee license should be aware of the following regulations and policies:

- Withholding information requested on a license application is grounds for license denial or revocation.
- As a trainee, you may work only under the supervision of the licensed dispenser who has been designated as your supervisor.
- Your trainee license is valid only while you are employed and trained by your designated supervisor. You may not transfer your trainee license to another supervisor or location without prior approval by the Board.
- As a trainee, you may not hold yourself out to the public as an expert, a specialist in the field of hearing aid dispensing, or a licensed hearing aid dispenser.
- You must take the written exam within the first ten (10) months after your trainee license is issued. Failure to take the license examination within that time period will result in suspension of your trainee license. Once this occurs, it cannot be reinstated until you take the license examination.
- The trainee license enables you to fit and sell hearing aids under supervision for a period of six months from its date of issue and may be renewed twice for a maximum of 18 months.

NOTE: THE PHOTOGRAPH AND THE SWORN STATEMENT BELOW MUST BE DATED WITHIN SIXTY (60) DAYS OF THE FILING DATE OF THIS APPLICATION.

ATTACH 2" X 2" OR 3" X 3" PASSPORT QUALITY PHOTOGRAPH HERE YOU MUST PRINT YOUR FULL NAME ON THE BACK OF THE PHOTOGRAPH.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

STATEMENT OF APPLICANT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT, AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS APPLICATION, OR FOR SUSPENSION OR REVOCATION OF A LICENSE.

SIGNATURE: _____ **DATE:** _____

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APPLICATION TO SUPERVISE A TRAINEE

TRAINEE:

Give this form to the hearing aid dispenser or the dispensing audiologist who has agreed to be your supervisor.

SUPERVISOR:

The temporary trainee license cannot be issued unless a fully-licensed dispenser has applied and been approved to serve as the trainee's supervisor. You must have possessed your California hearing aid dispensers or dispensing audiology license at least three (3) years from the date of this application to be eligible to supervise a trainee.

If you agree to become this applicant's supervisor, you must physically be present in the same work setting as the trainee for a minimum of 20% of the time. The trainee temporary license is issued for six months and can be renewed two times. However, the trainee must take the written exam within the first 10 months of issuance. If the trainee fails either the written or practical exams, the supervising dispenser is required to be physically present at all fittings and sales made by the trainee, regardless of whether these occur in or outside the supervising dispenser's business locations. You are responsible for all acts or omissions committed by the trainee while practicing the fitting and selling of hearing aids.

To assist you in developing a training plan, you may download the PSI Candidate Information Bulletin from their website, *psiexams.com*.

TRAINEE'S NAME (Print) _____

A. Supervisor's Information

Supervisor's Name:	Last	First	Middle
HA/AU License Number	Date Issued	Date Expires	

B. Business Information

Business Name:		Telephone ( )	
Address: Number and Street	City	State	Zip Code
Email:			

C. Certification

Please read the following statements carefully, and initial each one. They identify your responsibilities as a supervisor and indicate that your right to train a temporary licensee may be jeopardized if your supervision and monitoring are inadequate or in violation of existing law.

I, the undersigned supervisor, understand and agree to comply with the following requirements:

Initial	
	I have possessed my valid California Dispensing license for more than three years.
	I will examine all records and tests made by the trainee and concur with the hearing aid sale by countersigning the documents.
	I will reevaluate the fitting and selling techniques of this trainee at least weekly.
	I will be readily available to the trainee to give advice and instructions in the fitting and selling of hearing aids.
	I will instruct this trainee in the law respective to hearing aid dispensers.
	I will train with instruments which are adequate and reliable.
	I will be present in the same work space as the trainee at least 20% of the trainee's work week.
	If the trainee has failed the written or practical exam, I will be in the same work space as the trainee 100% of the trainee's work week.
	I will assure that my trainee will take the written exam within 10 months of becoming a trainee.
	I will assure the trainee is not misrepresented as a hearing aid dispenser, or a specialist, or a consultant, or any other such term but will present himself or herself as a hearing aid dispenser trainee.
	I understand that if I neglect to meet any of these specifications for supervision and training, I may lose the right to supervise additional trainees.

I certify under penalty of perjury under the laws of the State of California that I have read and understand the above requirements, and that I shall be responsible until the trainee receives permanent licensure, or until I have given written notice to the Board terminating my supervision, in which event, I shall return the applicant's temporary license to the Board.

.

Signature of Supervisor_____ Date _____

Signature of Trainee _____ Date _____

D. Request for Supervision Waiver

By law you are only allowed to supervise one trainee at a time unless the Board grants you a waiver. If you answer "Yes" to any of the below you cannot supervise any trainees at this time.

		Yes	No
1.	Have you been the subject of successful disciplinary action by the Board within the last three years?	☐	☐
2.	Have you been the subject of a complaint investigated and verified by the Board within the last three years?	☐	☐
3.	Have you been found by this office to have been in violation of any of the regulations pertaining to the supervision of trainees within the last three years?	☐	☐
4.	Do you currently have any trainees under your supervision?	☐	☐

Trainee Name(s)	Temporary License #

I, the undersigned, certify under penalty of perjury under the laws of the State of California, that the information I have given on this waiver request is true and correct.

Signature of Supervisor _____ Date _____

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
2005 Evergreen Street, Suite 2100, Sacramento, CA 95815
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WRITTEN EXAM APPLICATION FOR DISPENSING

Fee $225 (non-refundable)

- Once the Board has processed your application, the contracted testing agency, PSI, will mail the instructions for scheduling your written exam. Please allow 4-6 weeks for their notification. You may go to their website, psiexams.com, and download the PSI Candidate Information Bulletin.

- The California Hearing Aid Dispensing written exam is given six days per week at 13 locations in California.

- Immediately upon completion of the exam, you will find out your results. If you passed, you will be given an application for the practical exam. If you fail and choose to retake the written exam, you must complete another written exam application and submit another $225.

Name: (Last, First, M.I.) Date of Birth

Mailing Address City State Zip Code

Email: Telephone:

If you have a disability which will require special examination accommodations, please submit the Special Accommodation Request Form.

Signature: _____ Date: _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0431 (Code assigned by DOJ) Type of Application: (check one) ___ Employment X License, Certification, Permit ___ Volunteer

Job Title or Type of License, Certification or Permit: HEARING AID DISPENSER

Agency Address Set Contributing Agency:

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
Agency authorized to receive criminal history information

05634
Mail Code (five-digit code assigned by DOJ)

2005 Evergreen Street, Suite 2100
Street No. Street or PO Box

N/A
Contact Name (Mandatory for all school submissions)

Sacramento CA 95815
City State Zip Code

( )
Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____
Last First

CDL No. _____

DOB: _____ SEX: ___ Male ___ Female

Misc. No. **BIL -** Applicant Must Pay At Site
Agency Billing Number (if applicable)

HT: _____ WT: _____

Misc. No. _____

EYE Color: _____ HAIR Color: _____

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: 1410 BUR
OCA No. (Agency Identifying No.)

Level of Service DOJ X FBI X

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

THIS SECTION IS NOT APPLICABLE
Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

BCII 8016 (Rev10/98) **ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant**

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Sacramento CA 95815
City State Zip Code

( )
Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____
Last First

CDL No. _____

DOB: _____ SEX: ___ Male ___ Female

Misc. No. **BIL -** Applicant Must Pay At Site
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